

X6A Workbench Registration Form

Name (first) : _____ (last) : _____

Inst./Company : _____

Department : _____

Street Address : _____

City: _____ State/Prov: _____ Zip/Mail Code: _____

Country: _____

Telephone: _____ Fax: _____

Email: _____

PI Name (full): _____

Email: _____

Phone: _____

Check the type of registration and enter the total remittance enclosed bellow:

- Professional \$300.00
- Students/ Postdoc \$250.00

Please find enclosed a check US\$ _____ payable to the order of:
Brookhaven Science Associates

Please charge my credit card for US\$ _____

☐ Visa ☐ MasterCard ☐ Discover ☐ AmericanExpress

Credit Card # _____

Expiration Date: _____ Name on Card: _____

Signature: _____

Can your registration be used for unallowable (food etc.,) ☐ Yes ☐ No

NOTE: Please send completed form and payment to:

Ms. Mercy Baez 725, NSLS,
Brookhaven National Laboratory, National Synchrotron Light Source, Bldg 725, Upton
NY 11973.

If you are paying by credit card, please complete the form and fax it to: 631 344 7206
(Attn: Ms. Mercy Baez)

